CHULA VISTA POLICE DEPARTMENT CARD ROOM RENEWAL APPLICATION

VILLAGE CLUB CARD ROOM				
	OTHER			
NAME:	Firs		M: dalla	
Last		ST	Middle	
HOME ADDRESS:	Street	City		Zip Code
HOME #:		-		•
EMAIL ADDRESS				
CRIMINAL CONVICTION (If yes, please list on b			NO	D
EXPIRATION DATE O	F PERMIT:	DATE	OF BIRTH:	
SOCIAL SECURITY #		CDL #:		
AGE:WEIGHT:	: HEIGHT:	HAIR COLOR	: EYE COI	LOR:
The following inform	mation must be su	bmitted to renew	your cardroon	n permit:
	enewal fee payabl 1) 2" x 2" photo ta	-		
If card room perm complete and subn processing fee.				
proceeding ree.	ALL FEES ARE	E NON-REFUND	ABLE.	
YOU MAY NOT OF POLICE CONTRO			VISTA WITHO	OUT A VALID
I CERTIFY THAT T TRUE AND ACCU		ON PROVIDED C	N THIS APPL	ICATION IS
SIGNATURE:				DATE

FALSIFICATION OF ANY INFORMATION ON THIS FORM IS GROUNDS FOR DISQUALIFICATION.

You will be notified by your employer or by email when your ID badge is ready for pick up.

For any questions contact Licensing at (619) 691-5244.

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